

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number (if known) Chapter **11**☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	PRIME SIX INC.	
<hr/>		
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	DBA Woodland NYC	
<hr/>		
3. Debtor's federal Employer Identification Number (EIN)	27-2373853	
<hr/>		
4. Debtor's address	Principal place of business 242 Flatbush Avenue Brooklyn, NY 11217 <small>Number, Street, City, State & ZIP Code</small> Kings <small>County</small>	Mailing address, if different from principal place of business 15 Bay 24th Street, 2nd Floor Brooklyn, NY 11214 <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business 242 Flatbush Avenue Brooklyn, NY 11217 <small>Number, Street, City, State & ZIP Code</small>
<hr/>		
5. Debtor's website (URL)	www.woodlandnyc.com	
<hr/>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	
<hr/>		

Debtor **PRIME SIX INC.**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4453**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☐ No.
- ☒ Yes.

If more than 2 cases, attach a separate list.

District	EDNY (Dismissed)	When	5/20/15	Case number	15-42334
District		When		Case number	

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor		Relationship	
District		When	Case number, if known

Debtor **PRIME SIX INC.**
Name _____

Case number (if known) _____

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **PRIME SIX INC.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 11, 2017**
MM / DD / YYYY**X /s/ Akiva Ofshtein**
Signature of authorized representative of debtor

Title **President****Akiva Ofshtein**
Printed name**18. Signature of attorney****X /s/ Randall S. D. Jacobs**
Signature of attorney for debtorDate **January 11, 2017**
MM / DD / YYYY**Randall S. D. Jacobs**
Printed name**Randall S. D. Jacobs, PLLC**
Firm name**30 Wall Street, 8th Floor**
New York, NY 10005
Number, Street, City, State & ZIP CodeContact phone **(212) 709-8116** Email address **rsdjacobs@chapter11esq.com****1513589**
Bar number and State

Fill in this information to identify the case:Debtor name PRIME SIX INC.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 11, 2017**X /s/ Akiva Ofshtein**

Signature of individual signing on behalf of debtor

Akiva Ofshtein

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **PRIME SIX INC.**
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Aramark Uniform Services 1101 Market Street Philadelphia, PA 19107		Services rendered				\$13,162.77
Arrow Linen Supplys Co. 475 Main Street, Suite 1F Farmingdale, NY 11735		Services rendered				\$7,049.22
Bank Direct Capital Fin. 1010 Franklin Avenue Ste 406 Garden City, NY 11530		FUNDS LOANED				\$8,441.58
Dairyland USA Corp. 1300 Vile Avenue Bronx, NY 10474		Goods sold and delivered				\$13,229.60
DeBragga & Spitler Inc. 65 Amity Street Jersey City, NJ 07304		Trade debt				\$14,528.78
Department of Treasury Internal Revenue Service 2 Metrotech Center Brooklyn, NY 11201		Kitchen equipment, fixtures, audio, lighting, and video equipment, POS system,		\$361,476.61	Unknown	\$70,975.00
Endicott Meats 355 Food Center Drive B23 Bronx, NY 10474		Goods sold and delivered				\$8,023.93

Debtor **PRIME SIX INC.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Fang Realty, Corp. 200 Sterling Place #A Brooklyn, NY 11238		Landlord	Unliquidated Disputed			\$200,000.00
Fang Realty, Corp. 200 Sterling Place #A Brooklyn, NY 11238		Security Deposit on Lease of business premises: 242 Flatbush Avenue, Brooklyn, NY	Unliquidated Disputed	\$200,000.00	\$46,917.00	\$153,083.00
Lobster Place 531-533 Bryant Avenue Bronx, NY 10474		Goods sold and delivered				\$7,072.13
NYC Dep. Of Finance Bankr 345 Adams st Brooklyn, NY 11201		SALES TAXES	Unliquidated Disputed			\$7,774.78
NYS Department of Labor Building 12, Room 256 Unemployment Ins. Div. Albany, NY 12240			Unliquidated Disputed			\$31,034.43
NYS Dept Sales Tax METROPOLITAN DISTRICT 55 HANSEN PLACE Brooklyn, NY 11217		SALES TAXES				\$287,694.80
NYS Dept. of Labor Unempl PO Box 4301 Binghamton, NY 13902		Unemployment Insurance				Unknown
NYS Dept. Tax Fin. WA Harriman Campus Albany, NY 12227-0001		Withholding Taxes				\$111,124.28
On Hold Marketing 52 Main street S-3 Succasunna, NJ 07876		Services rendered				\$11,999.25
Performance Food Service 1 Ikea Drive Elizabeth, NJ 07207		Goods sold and delivered				\$7,000.00
Piccinini Brothers Inc. 633 Ninth ave New York, NY 10036		Trade debt				\$5,899.98

Debtor **PRIME SIX INC.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Sid Wainer & Son PO Box 50240 New Bedford, MA 02746		Trade debt				\$5,877.34
Sysco Long Island, LLC, c 171 17th street, NW, Suit Atlanta, GA 30363-1031		Goods sold and delivered				\$6,145.15

Fill in this information to identify the case:Debtor name **PRIME SIX INC.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **47,417.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **47,417.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **561,476.61****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **530,283.50****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **364,371.17****4. Total liabilities**
Lines 2 + 3a + 3b\$ **1,456,131.28**

Fill in this information to identify the case:Debtor name **PRIME SIX INC.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$0.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Cash on hand**Checking Account****3278****\$500.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$500.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Security Deposit on Lease of business premises: 242 Flatbush Avenue, Brooklyn, NY**\$46,917.00****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Debtor **PRIME SIX INC.**
Name

Case number (If known) _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$46,917.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Kitchen equipment, fixtures, audio, lighting, and video equipment, POS system,	\$8,000.00	Liquidation	Unknown

40. Office fixtures**41. Office equipment, including all computer equipment and communication systems equipment and software****42. Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

Debtor **PRIME SIX INC.**
Name

Case number (If known)

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **PRIME SIX INC.**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$500.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$46,917.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$47,417.00	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$47,417.00

Fill in this information to identify the case:Debtor name **PRIME SIX INC.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Department of Treasury Creditor's Name Internal Revenue Service 2 Metrotech Center Brooklyn, NY 11201 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2012-15 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Kitchen equipment, fixtures, audio, lighting, and video equipment, POS system, Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$361,476.61	Unknown

2.2	Fang Realty, Corp. Creditor's Name 200 Sterling Place #A Brooklyn, NY 11238 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Security Deposit on Lease of business premises: 242 Flatbush Avenue, Brooklyn, NY Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$200,000.00	\$46,917.00
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Debtor **PRIME SIX INC.**

Case number (if know)

Name

☒ No☐ Contingent☐ Yes. Specify each creditor,
including this creditor and its relative
priority.☒ Unliquidated☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$561,476.61**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **PRIME SIX INC.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address NYC Dep. Of Finance Bankr 345 Adams st Brooklyn, NY 11201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$7,774.78	\$7,774.78
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: SALES TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address NYS Department of Labor Building 12, Room 256 Unemployment Ins. Div. Albany, NY 12240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$31,034.43	\$31,034.43
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	PRIME SIX INC. Name	Case number (if known)
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2.3	Priority creditor's name and mailing address NYS Dept Sales Tax METROPOLITAN DISTRICT 55 HANSEN PLACE Brooklyn, NY 11217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$287,694.80	\$287,694.80
Date or dates debt was incurred		Basis for the claim: SALES TAXES		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address NYS Dept. of Labor Unempl PO Box 4301 Binghamton, NY 13902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$92,448.16	Unknown
Date or dates debt was incurred 12/26/16		Basis for the claim: Unemployment Insurance		
Last 4 digits of account number 2052 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address NYS Dept.Tax Fin. WA Harriman Campus Albany, NY 12227-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$207.05	\$0.00
Date or dates debt was incurred		Basis for the claim: Corporation taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address NYS Dept.Tax Fin. WA Harriman Campus Albany, NY 12227-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$111,124.28	\$111,124.28
Date or dates debt was incurred		Basis for the claim: Withholding Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor PRIME SIX INC.		Case number (if known) _____	
Name			
3.1	Nonpriority creditor's name and mailing address A STERN MEAT PRODUCTS 560 First Avenue, Bldg. B Brooklyn, NY 11220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.2	Nonpriority creditor's name and mailing address ACE Endico Corp 254 South Main Street Suite 406 New City, NY 10956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,397.70
3.3	Nonpriority creditor's name and mailing address All in One Entertainment 96-20 Atlantic Avenue 2nd Kew Gardens, NY 11415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address Amy's Bread 75 Ninth avenue 15th stre New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.5	Nonpriority creditor's name and mailing address Aramark Uniform Services 1101 Market Street Philadelphia, PA 19107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,162.77
3.6	Nonpriority creditor's name and mailing address Arrow Linen Supplys Co. 475 Main Street, Suite 1F Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,049.22
3.7	Nonpriority creditor's name and mailing address Badlor Specialty Foods c/ c/o A. Squire 475 Main Street, Suite 1F Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,539.08

Debtor	PRIME SIX INC. Name _____	Case number (if known) _____
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3.8	Nonpriority creditor's name and mailing address Bank Direct Capital Fin. 1010 Franklin Avenue Ste 406 Garden City, NY 11530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FUNDS LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,441.58
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3.9	Nonpriority creditor's name and mailing address Bartlett Dairy, Inc. 105-03 150th street Jamaica, NY 11435 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313.05
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3.10	Nonpriority creditor's name and mailing address Bien Cuit 120 Smith street Brooklyn, NY 11201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,072.01
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3.11	Nonpriority creditor's name and mailing address Borax Paper Products Inc. 1390 Spofford avenue Bronx, NY 10474 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,110.44
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3.12	Nonpriority creditor's name and mailing address Brooklyn Brewery 79 North 11th street Brooklyn, NY 11249 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.13	Nonpriority creditor's name and mailing address Brooklyn Nets, LLC f/k/a NJ Basketball LLC 15 Metrotech Center 11th Brooklyn, NY 11201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.14	Nonpriority creditor's name and mailing address Capital One Deposit Recov PO Box 259360 Plano, TX 75025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,361.41
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Debtor	PRIME SIX INC.	Case number (if known)	
	Name		
3.15	Nonpriority creditor's name and mailing address Chief Fire Prevention 10 West Broad Street Mount Vernon, NY 10552 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257.89
3.16	Nonpriority creditor's name and mailing address D' Artagnan 280 Wilson ave Newark, NJ 07105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,248.41
3.17	Nonpriority creditor's name and mailing address Dairyland USA Corp. 1300 Vile Avenue Bronx, NY 10474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,229.60
3.18	Nonpriority creditor's name and mailing address DeBragga & Spitler Inc. 65 Amity Street Jersey City, NJ 07304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,528.78
3.19	Nonpriority creditor's name and mailing address Domaine Select Merchants 555 8th avenue suite 2302 New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.20	Nonpriority creditor's name and mailing address Dutch Girl Cheese PO Box 199 Leonardsville, NY 13364 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$698.12
3.21	Nonpriority creditor's name and mailing address Ecolab PO Box 905327 Charlotte, NC 28290 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,196.80

Debtor	PRIME SIX INC. Name _____	Case number (if known) _____
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3.22	Nonpriority creditor's name and mailing address Endicott Meats 355 Food Center Drive B23 Bronx, NY 10474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,023.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address Environmental Con. Board PO Box 2307 Peck Slip Sta New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address Fang Realty, Corp. 200 Sterling Place #A Brooklyn, NY 11238 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200,000.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address FedEx c/o Slater. Tenagli PO Box 5476 Mount Laurel, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$673.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address Fossil Farms 81 Fulton Street Boonton, NJ 07005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$771.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address Go Fresh Produce 162-08 91st Howard Beach, NY 11414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address Integrity Payment System 1700 W. Higgins Road suit Des Plaines, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Credit card processing services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)
	PRIME SIX INC.	
3.29	Nonpriority creditor's name and mailing address Intellig Roasting & Tea 1850 West Fulton street Chicago, IL 60612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,635.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address ISG Capital, INC 24 W. Hamilton Avenue Engelwood, NJ 07631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>FUNDS LOANED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address Kingston Check Cashing Co 1103 Quentin Road Brooklyn, NY 11229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$961.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address Lobster Place 531-533 Bryant Avenue Bronx, NY 10474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,072.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address M. Tucker 1200 Madison Avenue Paterson, NJ 07503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address Magnifique Cleaning Ser 461 Wayne Street floor 2 Jersey City, MA 02306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address MHW LTD 1129 Northern Blvd Suite Manhasset, NY 11030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,553.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	PRIME SIX INC. Name _____	Case number (if known) _____
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3.36	Nonpriority creditor's name and mailing address Michael Skurnik Wines PO Box 1315 Syosset, NY 11791 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address Network Services Company 1805 Momentum Place Chicago, IL 60689 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address NYC Health Department 295 Flatbush ave ext Brooklyn, NY 11201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fine</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address NYC Office of Administrat 66 John St, 10th floor c/o James Macron New York, NY 10038 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address On Hold Marketing 52 Main street S-3 Succasunna, NJ 07876 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,999.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address Opici Wine Group 25 Deboer Drive Glen Rock, NJ 07452 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$700.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address Paisanos Provisions 162 Smith street Brooklyn, NY 11201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	PRIME SIX INC. Name _____	Case number (if known) _____
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3.43	Nonpriority creditor's name and mailing address Paper Enterprises, Inc 770 East 132nd street Bronx, NY 10454 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.44	Nonpriority creditor's name and mailing address Performance Food Service 1 Ikea Drive Elizabeth, NJ 07207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,000.00</u>
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3.45	Nonpriority creditor's name and mailing address Piccinini Brothers Inc. 633 Ninth ave New York, NY 10036 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,899.98</u>
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3.46	Nonpriority creditor's name and mailing address Pipe Dream 857 Union street 2-c Brooklyn, NY 11215 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$517.14</u>
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3.47	Nonpriority creditor's name and mailing address Priority Payment System PO Box 246 Alpharetta, GA 30009 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card processing services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.48	Nonpriority creditor's name and mailing address Samuels & Son Seafood, Co 800 N. Kings Highway Suit c/o Saldutti, LLC Cherry Hill, NJ 08034 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>
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3.49	Nonpriority creditor's name and mailing address Satur Farm 3705 Alvahs Lane Cutchogue, NY 11935 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,976.00</u>
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Debtor PRIME SIX INC.		Case number (if known) _____	
Name			
3.50	Nonpriority creditor's name and mailing address Sea Creast Linen 46 Crown street Brooklyn, NY 11225 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,938.33
3.51	Nonpriority creditor's name and mailing address Sid Wainer & Son PO Box 50240 New Bedford, MA 02746 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,877.34
3.52	Nonpriority creditor's name and mailing address Super PC System, Inc. 78 Bay 50 street 1st Floo Brooklyn, NY 11214 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.53	Nonpriority creditor's name and mailing address Sysco Long Island, LLC, c 171 17th street, NW, Suit Atlanta, GA 30363-1031 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,145.15
3.54	Nonpriority creditor's name and mailing address The Brooklyn Union Gas Co One MetroTech Center Brooklyn, NY 11201-3850 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.55	Nonpriority creditor's name and mailing address The Pay-O-Matic Corp. 160 Oak Drive Syosset, NY 11791 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.56	Nonpriority creditor's name and mailing address Tom Cat Bakery Inc., c/o 20 Vesey st Rm 1406 New York, NY 10007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00

Debtor	PRIME SIX INC.	Case number (if known)	
	Name		
3.57	Nonpriority creditor's name and mailing address TransFirst 12202 Airport Way Suite 1 Broomfield, CO 80021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.58	Nonpriority creditor's name and mailing address Two Cousins Fish Market, 75 Bennington ave Freeport, NY 11520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,501.55
3.59	Nonpriority creditor's name and mailing address USA Wine Imports 285 West Broadway suite 3 New York, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,501.55
3.60	Nonpriority creditor's name and mailing address Verizon PO BOX 1100 Brooklyn, NY 11225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.61	Nonpriority creditor's name and mailing address Warwick Valley Wine PO Box 354 Warwick, NY 10990 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold and delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.62	Nonpriority creditor's name and mailing address Wesco Insurance Company , 800 Superior ave East, 20 Cleveland, OH 44114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.00
3.63	Nonpriority creditor's name and mailing address Western Pest Services 483 10th avenue S-100 New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$591.47

Debtor **PRIME SIX INC.**

Case number (if known) _____

Name

3.64 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.***\$1,000.00****Winebow
PO Box 416663
Boston, MA 02241**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____

Basis for the claim: **Goods sold and delivered**

Last 4 digits of account number _____

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	A. Squire, Esq. 475 Main Street, Suite 1F Farmingdale, NY 11735	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	ACE Endico Corp c/o Darren Epstein, Esq. 254 South Main St. #406 New City, NY 10956	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Attard & Associates 475 Main Street, Suite 1F Farmingdale, NY 11735	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Heitner & Breitstein 28 North Main Street Marlboro, NJ 07746	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Heitner & Breitstein 28 North Main Street Marlboro, NJ 07746	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Jeff Gewirtz Esq. 15 Metrotech Center 11th Brooklyn, NY 11201	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	RJK Recovery Group 1670 Old Country Road Plainview, NY 11803	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Stephen Einstein & Assoc. 39 Broadway, Ste. 1250 New York, NY 10006	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

		Total of claim amounts
5a.	\$	530,283.50

5b. Total claims from Part 2

5b.	+	\$	364,371.17
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Debtor **PRIME SIX INC.**
Name

Case number (if known)

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ **894,654.67**

Fill in this information to identify the case:Debtor name **PRIME SIX INC.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Eastern District of New York

In re **PRIME SIX INC.**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>10,000.00</u>
Prior to the filing of this statement I have received	\$	<u>10,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 11, 2017

Date

/s/ Randall S. D. Jacobs

Randall S. D. Jacobs

Signature of Attorney

Randall S. D. Jacobs, PLLC

30 Wall Street, 8th Floor

New York, NY 10005

(212) 709-8116 Fax: (973) 226-8897

rsdjacobs@chapter11esq.com

Name of law firm

**United States Bankruptcy Court
Eastern District of New York**

In re **PRIME SIX INC.**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Akiva Ofshtein, Esq. 1723 East 12th Street Brooklyn, NY 11229	Common stock	200	Sole stockholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **January 11, 2017**Signature **/s/ Akiva Ofshtein
Akiva Ofshtein**

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Eastern District of New York**

In re **PRIME SIX INC.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: **January 11, 2017****/s/ Akiva Ofshtein****Akiva Ofshtein/President**

Signer/Title

Date: **January 11, 2017****/s/ Randall S. D. Jacobs**

Signature of Attorney

Randall S. D. Jacobs**Randall S. D. Jacobs, PLLC****30 Wall Street, 8th Floor****New York, NY 10005****(212) 709-8116 Fax: (973) 226-8897**

A STERN MEAT PRODUCTS
560 First Avenue, Bldg. B
Brooklyn, NY 11220

A. Squire, Esq.
475 Main Street, Suite 1F
Farmingdale, NY 11735

ACE Endico Corp
254 South Main Street
Suite 406
New City, NY 10956

ACE Endico Corp
c/o Darren Epstein, Esq.
254 South Main St. #406
New City, NY 10956

All in One Entertainment
96-20 Atlantic Avenue 2nd
Kew Gardens, NY 11415

Amy's Bread
75 Ninth avenue 15th stre
New York, NY 10011

Aramark Uniform Services
1101 Market Street
Philadelphia, PA 19107

Arrow Linen Supplys Co.
475 Main Street, Suite 1F
Farmingdale, NY 11735

Attard & Associates
475 Main Street, Suite 1F
Farmingdale, NY 11735

Badlor Specialty Foods c/
c/o A. Squire
475 Main Street, Suite 1F
Farmingdale, NY 11735

Bank Direct Capital Fin.
1010 Franklin Avenue
Ste 406
Garden City, NY 11530

Bartlett Dairy, Inc.
105-03 150th street
Jamaica, NY 11435

Bien Cuit
120 Smith street
Brooklyn, NY 11201

Borax Paper Products Inc.
1390 Spofford avenue
Bronx, NY 10474

Brooklyn Brewery
79 North 11th street
Brooklyn, NY 11249

Brooklyn Nets, LLC
f/k/a NJ Basketball LLC
15 Metrotech Center 11th
Brooklyn, NY 11201

Capital One Deposit Recov
PO Box 259360
Plano, TX 75025

Chief Fire Prevention
10 West Broad Street
Mount Vernon, NY 10552

D' Artagnan
280 Wilson ave
Newark, NJ 07105

Dairyland USA Corp.
1300 Viele Avenue
Bronx, NY 10474

DeBragga & Spitler Inc.
65 Amity Street
Jersey City, NJ 07304

Department of Treasury
Internal Revenue Service
2 Metrotech Center
Brooklyn, NY 11201

Domaine Select Merchants
555 8th avenue suite 2302
New York, NY 10018

Dutch Girl Cheese
PO Box 199
Leonardsville, NY 13364

Ecolab
PO Box 905327
Charlotte, NC 28290

Endicott Meats
355 Food Center Drive B23
Bronx, NY 10474

Environmental Con. Board
PO Box 2307 Peck Slip Sta
New York, NY 10038

Fang Realty, Corp.
200 Sterling Place #A
Brooklyn, NY 11238

Fang Realty, Corp.
200 Sterling Place
Suite 1A
Brooklyn, NY 11238

FedEx c/o Slater. Tenagli
PO Box 5476
Mount Laurel, NJ 08054

Fossil Farms
81 Fulton Street
Boonton, NJ 07005

Go Fresh Produce
162-08 91st
Howard Beach, NY 11414

Heitner & Breitstein
28 North Main Street
Marlboro, NJ 07746

Integrity Payment System
1700 W. Higgins Road suit
Des Plaines, IL 60018

Intellig Roasting & Tea
1850 West Fulton street
Chicago, IL 60612

ISG Capital, INC
24 W. Hamilton Avenue
Engelwood, NJ 07631

Jeff Gewirtz Esq.
15 Metrotech Center 11th
Brooklyn, NY 11201

Kingston Check Cashing Co
1103 Quentin Road
Brooklyn, NY 11229

Lobster Place
531-533 Bryant Avenue
Bronx, NY 10474

M. Tucker
1200 Madison Avenue
Paterson, NJ 07503

Magnifique Cleaning Ser
461 Wayne Street floor 2
Jersey City, MA 02306

MHW LTD
1129 Northern Blvd Suite
Manhasset, NY 11030

Michael Skurnik Wines
PO Box 1315
Syosset, NY 11791

Network Services Company
1805 Momentum Place
Chicago, IL 60689

NYC Dep. Of Finance Bankr
345 Adams st
Brooklyn, NY 11201

NYC Health Department
295 Flatbush ave ext
Brooklyn, NY 11201

NYC Office of Administrat
66 John St, 10th floor
c/o James Macron
New York, NY 10038

NYS Department of Labor
Building 12, Room 256
Unemployment Ins. Div.
Albany, NY 12240

NYS Dept Sales Tax
METROPOLITAN DISTRICT
55 HANSEN PLACE
Brooklyn, NY 11217

NYS Dept. of Labor Unempl
PO Box 4301
Binghamton, NY 13902

NYS Dept. Tax Fin.
WA Harriman Campus
Albany, NY 12227-0001

On Hold Marketing
52 Main street S-3
Succasunna, NJ 07876

Opici Wine Group
25 Deboer Drive
Glen Rock, NJ 07452

Paisanos Provisions
162 Smith street
Brooklyn, NY 11201

Paper Enterprises, Inc
770 East 132nd street
Bronx, NY 10454

Performance Food Service
1 Ikea Drive
Elizabeth, NJ 07207

Piccinini Brothers Inc.
633 Ninth ave
New York, NY 10036

Pipe Dream
857 Union street 2-c
Brooklyn, NY 11215

Priority Payment System
PO Box 246
Alpharetta, GA 30009

RJK Recovery Group
1670 Old COuntry Road
Plainview, NY 11803

Samuels & Son Seafood, Co
800 N. Kings Highway Suit
c/o Saldutti, LLC
Cherry Hill, NJ 08034

Satur Farm
3705 Alvahs Lane
Cutchoque, NY 11935

Sea Creast Linen
46 Crown street
Brooklyn, NY 11225

Sid Wainer & Son
PO Box 50240
New Bedford, MA 02746

Stephen Einstein & Assoc.
39 Broadway, Ste. 1250
New York, NY 10006

Super PC System, Inc.
78 Bay 50 street 1st Floo
Brooklyn, NY 11214

Sysco Long Island, LLC, c
171 17th street, NW, Suit
Atlanta, GA 30363-1031

The Brooklyn Union Gas Co
One MetroTech Center
Brooklyn, NY 11201-3850

The Pay-O-Matic Corp.
160 Oak Drive
Syosset, NY 11791

Tom Cat Bakery Inc., c/o
20 Vesey st Rm 1406
New York, NY 10007

TransFirst
12202 Airport Way Suite 1
Broomfield, CO 80021

Two Cousins Fish Market,
75 Bennington ave
Freeport, NY 11520

USA Wine Imports
285 West Broadway suite 3
New York, NY 10013

Verizon
PO BOX 1100
Brooklyn, NY 11225

Warwick Valley Wine
PO Box 354
Warwick, NY 10990

Wesco Insurance Company ,
800 Superior ave East, 20
Cleveland, OH 44114

Western Pest Services
483 10th avenue S-100
New York, NY 10018

Winebow
PO Box 416663
Boston, MA 02241

**United States Bankruptcy Court
Eastern District of New York**

In re **PRIME SIX INC.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **PRIME SIX INC.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

January 11, 2017

Date

/s/ Randall S. D. Jacobs**Randall S. D. Jacobs**Signature of Attorney or Litigant
Counsel for **PRIME SIX INC.****Randall S. D. Jacobs, PLLC****30 Wall Street, 8th Floor****New York, NY 10005****(212) 709-8116 Fax:(973) 226-8897****rsdjacobs@chapter11esq.com**

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

**STATEMENT PURSUANT TO LOCAL
BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S): PRIME SIX INC.

CASE NO.: _____

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (*or any other petitioner*) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

☐ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

☒ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.: **15-42334** JUDGE: _____ DISTRICT/DIVISION: **EDNY (Dismissed)**

CASE STILL PENDING (Y/N): **N** [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): **Prior Filing 5/20/2015**

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

2. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

3. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

(OVER)

DISCLOSURE OF RELATED CASES (cont'd)

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y

CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

/s/ Randall S. D. Jacobs

Randall S. D. Jacobs

Signature of Debtor's Attorney

Randall S. D. Jacobs, PLLC

30 Wall Street, 8th Floor

New York, NY 10005

(212) 709-8116 Fax:(973) 226-8897

Signature of Pro Se Debtor/Petitioner

Signature of Pro Se Joint Debtor/Petitioner

Mailing Address of Debtor/Petitioner

City, State, Zip Code

Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.